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FOR INFORMATION

COUNTRY NOTE**

Thailand

SUMMARY

The Executive Director presents the country note for Thailand for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Thailand has largely achieved the mid-decade goals, and the health, education, and water and sanitation goals for the year 2000 are on track or have already been achieved. Although still not reaching everyone, these achievements have benefited primarily younger children. Of growing concern now are the 10 million children in the second decade of life, increasing numbers of whom are in need of special protection. Those most at risk are likely to be distinguished by similar ethnic, geographic and social factors. Estimates of the number of children involved in prostitution vary from 60,000 to 200,000. About 1.6 million children are out of school, and some non-governmental organizations (NGOs) estimate that 1.1 million are working.

2. HIV/AIDS remains a major threat. Its prevalence among women attending prenatal clinics is about 2 per cent nationally, but the average in eight provinces, mainly in the north and north-east, ranges from 5 to 10 per cent. According to one estimate, 86,000-100,000 women of reproductive age will be HIV-positive and 230,000 children under 15 years old will have lost their mothers to AIDS by 2005.

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* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1998.

3. In 1996, Thailand's Eighth National Economic and Social Development Plan (1997-2001) launched the country on a course designed to address the imbalance between economic gains and social progress and to help ensure the rights of excluded and unreached children. However, due to the economic reversal of mid-1997, the country is now faced with the prospect of severe budget constraints and unemployment.

4. Between 1980 and 1994, the percentage of the population living in poverty dropped from 32.6 to 16.3, but income disparity worsened. In the current economic environment, consumer prices have risen sharply, increasing the pressure on disadvantaged groups and putting the survival, protection and development of their children at risk. The problems of youth and geographical disparity in social indicators are linked, and are clustered, for example, in hill tribe and poor urban areas. In addition, youth problems negatively affect the health and development of future generations, as well as the protection and caring capacities of future parents. As the adjustment process continues, it is difficult to predict its further impact on the social sectors and on the sustainability of Thailand's achievements.

LESSONS LEARNED FROM PAST COOPERATION

5. The 1996 mid-term review recognized Thailand's progress in providing basic services and endorsed a new area-focused programme to build family capabilities and strengthen communities in order to help the disadvantaged make the best use of limited resources. However, it also identified a number of critical challenges, including the need to: focus systems and institutions more on multisectoral collaboration; develop further methods and processes for participatory planning; link local administration with communities; and develop capacities at all levels to plan, execute and monitor activities in support of Thailand's framework for local development planning. Even where laws and the mechanisms to apply them exist, enforcement is weak. At the local level, child and maternal survival issues are largely recognized as common concerns and the community is prepared to participate in addressing such problems, but notwithstanding Thailand's progress in decentralization, the same does not seem to apply to problems of child protection.

6. Recognizing the opportunity provided by the Eighth Development Plan to address some of these issues, United Nations funds and programmes are working with the Government in a "collaborative action plan" in selected subdistricts in four provinces and in one district of Bangkok. This allows UNICEF to draw on the support of the other agencies in dealing with the underlying causes of young child development and youth protection problems in these areas.

7. Some achievements hold lessons for a broader approach. A study, "Moving Child and Family Programmes to Scale in Thailand", identified a convergence of factors which contributed to the success of a pilot programme in early childhood development (ECD). They include: visible, positive effects on children and families; the empowerment of communities and self-help groups around the welfare of the child; the fact that changes were incremental, enhancing rather than duplicating or contradicting the work of government programmes; and the bringing together of a diverse range of government and non-government actors at different levels to share lessons learned and make collaborative decisions. This created a sense of ownership and joint support for scaling up the programme's multisectoral approach. In this process, UNICEF became a key partner in planning and capacity-building and an important catalyst as facilitator, conflict resolver, and forum for open debate. The review, however, also drew attention to the difficulty of expanding the focus from the child to the family

and of moving from pilot phase to national scale, as this entailed a weakening of the integrated mechanism of coordination and a less flexible, more standardized approach to programme implementation. This showed the need for continued attention to putting the child and the family at the centre of local development planning.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The Government's Eighth National Development Plan, the Convention on the Rights of the Child and the National Plan of Action (NPA) (1992-2001) provide the framework for the next country programme. The new Constitution explicitly prohibits "discrimination on the grounds of sex, race, language and religion" and recognizes the right of nationality by birth for all minorities, hitherto a reservation in Thailand's accession to the Convention. The NPA includes the year 2000 goals, and the Government is committed to their achievement.

9. The objectives of the 1999-2003 country programme are to: (a) support the Government to achieve and sustain the NPA goals through the reduction of disparities among disadvantaged groups; (b) help government and non-government organizations promote awareness of child rights through public education, and strengthen the constituency for children, including through local fund-raising; (c) sharpen the public focus on emerging issues related to children's and women's rights, e.g. child labour, commercial sexual exploitation and HIV/AIDS through policy studies and advocacy; and (d) assist the Government and other partner organizations in the exchange of technical expertise and programme experiences related to child survival, development, protection and participation in the region, particularly in the Mekong subregion.

10. Using the experience gained from the catalytic role of UNICEF and from the balance it achieved in harnessing government and non-government partners in the integrated ECD and other programmes, the major strategy of the country programme will be to enhance family and community capacity for child care and protection. Implemented by the Ministry of Interior at the subdistrict level, the strategy aims to reduce disparities by focusing on marginalized families and youth in unreached and underserved areas. A central feature of local capacity-building will be a participatory planning methodology to help such groups set priorities and solve problems related to access to and use of existing services, or to better draw on community and local administration resources. Such community-based actions will lead to a greater demand for and utilization of basic services and, in turn, help to improve their quality. Targets for reducing disparities in basic services coverage will be set at all levels, with overall achievements monitored by the National Youth Bureau. Documentation of best practices will be used at national policy level to advocate for more comprehensive support systems to extend the application of such participatory approaches, and for policy analysis to address changing socio-economic conditions.

11. Focused on the north, north-east and impoverished urban areas, local-level institutional capacity will also be enhanced to plan, monitor and learn from shared experience, essential processes for improving the responsiveness of basic service institutions. In terms of major links of action, the integrated, community-based nature of the national Family Development Programme will be reinforced through the training and sensitization of newly empowered local authorities, and community school boards will be strengthened. In addition, general improvements in community development processes will be linked with support for marginalized members of that community. As an example, participatory teaching/learning processes needed to address difficult issues in

HIV/AIDS prevention and care provide a model for life skills and values education that need to be shared by the vulnerable and their peers. Principal institutional partners will be the Ministry of Interior, universities, research and development institutes, and the national planning agency. At the local level, networking among government, NGO and community self-help groups will be promoted, while support at the national level will build institutional child protection capacity, including mechanisms to highlight and monitor child rights issues such as school drop-outs, quality of education, sexual exploitation and child labour.

12. The advocacy, communication and social mobilization strategy will combine mass media and other public education approaches to foster changes in attitudes and in the practices of public institutions and the private sector on child rights. Training will focus on building communication capacity among partner organizations to strengthen participatory processes among youth, family and community. To promote more informed choices in areas such as health, child protection and education, social mobilization efforts will provide information through formal and peer group education and build a supportive environment at family, community and service levels. Partners will include the National Youth Bureau, the Ministries of Health, Education and Interior, and academic and research institutions. Support will be sought from various other constituencies, including advertising and public relations firms, the entertainment industry and the mass media.

13. Social policy analysis will be used to improve advocacy and policy development. In view of limited resources, initial studies will aim at increasing knowledge and awareness of protection issues and other emerging concerns, such as the impact of adjustment policies on the most disadvantaged and on the delivery of basic services. With additional funds, studies would be conducted on the underlying and basic causes of protection, survival and development problems. The results would support advocacy for law reform and improvements in the juvenile justice system, youth policies and the ombudsman system, as well as in the employment, insurance and credit environment for victims of HIV/AIDS.

14. Local fund-raising will be linked to tangible programme activities, notably those demonstrating improvement in child protection and development. The dissemination of results to contributors and the broader constituency for children will further strengthen the appeal of local giving.

15. Through links with collaborating universities and documentation of best practices, UNICEF will help to share the Thai experiences in primary health care, early childhood education, sanitation and water supply, nutrition, and child protection with other countries in the region. A programme of site visits and short, professional, on-the-job training opportunities will be developed with universities, government departments and appropriate NGOs.

ESTIMATED PROGRAMME BUDGET

16. The estimated general resources budget of $3,965,000 for the five-year period 1999-2003 will be allocated by programme on the basis of an ongoing dialogue with the Government. Based on locally raised funds and donor interest, supplementary funding of up to $12,500,000 will be sought for the programme. The current level of economic uncertainty in Thailand will require the programme to be both flexible and responsive to new developments.

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COUNTRY NOTE**

Maldives

SUMMARY

The Executive Director presents the country note for Maldives for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Realization of the rights of children in Maldives, including the provision of quality services, faces several key challenges. Budgets, while recently increasing, are subject to the uncertainties of the fishing and tourism sectors. The Government allocates around 30 per cent of its annual budget to social services. However, there is a persistent imbalance of services between Malé and the atolls, among atolls and among islands in the same atoll.

2. Major progress has been achieved in the last 20 years in relation to child survival and development, but important challenges remain. Between 1980 and 1995, infant mortality has been reduced from 93 to 32 per 1,000 live births, child mortality from 109 to 46.9 per 1,000 live births, and maternal mortality from 450 to 202 per 100,000 live births. Acute respiratory infections (ARI) and thallasaemia (any group of hereditary blood disorders) continue to threaten children's survival. Immunization coverage has been maintained at 92 per cent for all antigens. Malnutrition among children is pronounced - 30 per cent stunted, 17 per cent wasted and 43 per cent under weight (1995). Anaemia and iodine deficiency disorders are also problems. Universal access to safe drinking water and sanitation has been achieved for the urban population; on the

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atolls current access is only 85 and 26 per cent, respectively (1994). Consequently, diarrhoea, intestinal parasitic diseases and skin infections contribute significantly to child morbidity.

3. In primary education, net enrolment is 97 per cent. However, achieving universal completion remains a challenge. The poor quality of education results in 53 per cent leaving at or before grade 7 and only 19 per cent completing secondary education. Many school-leavers are unprepared for the labour market and vulnerable to juvenile crime, drug abuse, and early marriage and parenthood.

4. While gross violations of children's rights are not apparent in Maldives, serious protection concerns revolve around family instability characterized by early marriages (85 per cent married by 19 years old), a high divorce rate (75 divorces per 100 marriages) and high fertility rates (6.3). This leaves children vulnerable to neglect, abandonment, abuse and emotional instability. There are few gender disparities among children. However, the traditional role of women constrains their enrolment in upper and vocational education, and limits their participation in the labour force and in decision-making.

LESSONS LEARNED FROM PAST COOPERATION

5. The policy framework of the previous programme of cooperation (1994-1998) was based on the Government's commitment to fulfilling the needs of children and safeguarding their basic human rights. Based on the World Summit for Children, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women, a national programme of action (1992) and national development plans, the programme focused on empowering women to influence and control their health, nutritional and educational situations.

6. Service delivery programmes have been increasingly successful, but require quality improvements through technical assistance, capacity-building and advocacy. The expanded programme on immunization has strengthened the health system and facilitated services to remote islands through the establishment of mobile health teams, thus greatly increasing community capabilities to maintain good health. This approach has also been adopted in relation to nutrition. Nevertheless, some programmes will benefit from better targeting, e.g. focusing the non-formal education programme on those most in need - the school drop-outs. Coverage of other activities, such as early childhood development, can now be expanded. New thinking and approaches are also needed in some areas. For example, to meet household water supply needs, UNICEF has supported the collection and storage of rainwater through the provision of water tanks; however, in the coming decade, this source of water may not be adequate. Alternative methods of safe excreta disposal must also be sought, with greater attention given to hygiene education.

7. The serious shortage of skilled human resources slows down developmental activities. The mid-term review (MTR), held in September 1996, recommended the gradual phasing down of UNICEF cooperation in service delivery support, with a greater emphasis on local capacity-building through training and advocacy. This, in turn, will increase programme sustainability.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The strategy meeting, held in August 1997, was chaired by the Deputy Director of the Ministry of Foreign Affairs, and was attended by the heads of all sectors and representatives from the Ministries of Health, Education, Women's Affairs and Social Welfare, and Planning, Human Resources and Environment.

9. Since ratifying the Convention on the Rights of the Child in 1990, the Government of Maldives has accorded priority to the realization of these rights through a number of progressive social policies. The objective of the 1999-2003 programme of cooperation is to assist the Government to fulfil its obligations to children and women according to the provisions of the two Conventions. Among these, gender equality, malnutrition, safe water and sanitation, maternal mortality and the quality of education remain challenging areas. UNICEF support aims to focus interventions on these issues by mobilizing resources and increasing the capacity of Government and other organizations.

10. Guided by the principle of self-reliance, the National Development Plan, 1997-1999, defines development as a process for achieving sustained improvement in the standard of living with a view to strengthening national unity and social cohesiveness. UNICEF support to the plan will focus on the development of human resources. Local non-governmental and community organizations will be mobilized through support and training to increase their capacity to participate in development activities. The human resources in government sectors will also be developed through training programmes.

11. Specific programme objectives will be to: (a) reduce the prevalence of malnutrition to below 20 per cent by the year 2000 as well as the levels of anaemia; (b) reduce the maternal mortality rate by 50 per cent; (c) sustain immunization coverage of 95 per cent and reduce ARI; (d) increase access to safe drinking water and sanitation; (e) improve the quality of education and increase the retention rate; (f) support and advocate for strengthening the role of women in society; and (g) promote decentralization, including through atoll- and island-based information and monitoring systems, and programme sustainability.

12. Children's health efforts will support immunization services and training for the prevention and treatment of ARI. To improve women's health, the programme will increase and sustain access to safe delivery and promote improved maternal nutrition, in coordination with the United Nations Population Fund (UNFPA). Support will be given to upgrade the existing regional public health units and information systems as well as to increase atoll capacity for managing community health care through decentralized planning. UNFPA, in a complementary role, is focusing on women's health and development in maternal mortality and morbidity programmes.

13. In education, capacity-building will emphasize improving the quality of education by upgrading teaching personnel and reviewing the curriculum in line with local requirements. Of major importance is the expansion and decentralization of English language training for teachers to Atoll Education Centres. Support will be given to the development of a more relevant curriculum geared to social transformation that is appropriate to the culture and opportunities of Maldives.

14. The nutrition strategy will focus on a complete assessment and analysis of the incidence of stunting, wasting and micronutrient deficiencies. A regular mass de-worming schedule will be introduced. A community-/island-based strategy will be developed for the prevention of malnutrition through measures to promote exclusive breast-feeding, home gardening and awareness of micronutrient deficiencies.

15. The strategy for water and sanitation will support the exploration of alternative technologies for collecting and storing safe water for domestic use and for the safe disposal of excreta. A balanced approach will be promoted, combining hygiene education services, advocacy for new technologies, capacity-building and the provision of materials.

16. Child protection will involve strengthening the capacity of the Unit for Rights of the Child and its activities to promote awareness of rights through training workers at all levels, improve monitoring and follow up on violations reported to the Unit. Gender and development will involve capacity-building through the Island Women's Committees for training female teachers and community health workers, organizing preschools, managing prenatal clinics and assisting entrepreneurship.

17. Social mobilization and advocacy will support and will be carried out largely through all the above programmes. Information and training will enable professionals to incorporate child rights issues into their activities and will assist the public to become more aware of issues relating to children, the Convention and, thus, their responsibilities as parents and members of the community. Efforts will be supported to improve legislation affecting women and children. Continued advocacy is required to ensure formal endorsement of the draft National Plan of Action for Women. Supplementary funding will be sought for expanding coverage of activities in key programme areas.

18. The United Nations agencies resident in Maldives - the United Nations Development Programme, UNICEF, UNFPA and the World Health Organization - exchange information through regular meetings and technical collaboration. An inter-agency working group is established for HIV/AIDS and another is planned on nutrition. Activities are also coordinated with the bilateral agencies working in Maldives. Collaboration in advocacy among United Nations system organizations is planned in several areas. The UNICEF situation analysis will form part of the Common Country Assessment to be prepared in 1998.

19. Monitoring will be disaggregated by region, using atoll-/island-level data collection systems. Evaluations will be carried out for a more thorough understanding of coverage, impacts, cost-effectiveness and implementation processes in selected programmes.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health	879	-	879
Education	1 062	350	1 412
Nutrition	410	-	410
Water and sanitation	300	400	700
Child protection	197	150	347
Gender and development	298	100	398
Social mobilization and advocacy	70	-	70
Monitoring and evaluation	412	-	412
Total	3 628	1 000	4 628

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

Pakistan

SUMMARY

The Executive Director presents the country note for Pakistan for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. In the 50 years since independence, Pakistan has achieved a fair measure of economic growth, but has so far been unable to secure sustained progress in human development. An industrial base and business activity have developed primarily in urban centres, while traditional economic and social structures persist in many rural areas. Nearly one third of the country's 140 million people live in poverty. While the last decade has witnessed progress in addressing the needs of children, scarce resources, combined with inhibitive socio-cultural practices, do not serve the best interests of children and women. The girl child faces greater risks to survival, is more subject to violence and abuse, and has less access to education, proper nutrition and health services. The low status of children and women is a manifestation of low literacy levels, wide gaps between legislation and enforcement, and limited participation in civil society.

2. One out of three newborns suffers from low birth weight. Although infant mortality has dropped from 137 to 95 per 1,000 live births over the past 30 years, Pakistan's infant and child mortality rates remain high. One in seven children dies before reaching the age of five years; major causes are diarrhoeal diseases, respiratory infections and malaria, compounded by malnutrition.

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* E/ICEF/1998/2.

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Fifty-one per cent of children under five years old are malnourished and a majority suffer from anaemia. While 70 per cent of rural households have access to clean drinking water, only 48 per cent of all households have some means of sanitary human excreta disposal.

3. Limited overall progress has been made towards the goal of universal primary education. An estimated 38 per cent of girls and 30 per cent of boys never enrol in the formal primary education system. More than 3.6 million children are in the labour force, many in exploitative and hazardous conditions.

4. Pakistan's ratification of the Convention on the Rights of the Child in 1990 and the Convention on the Elimination of all Forms of Discrimination against Women in 1996 were major milestones. However, the obligations of society, the State, communities and families to ensure realization of those rights have yet to be widely understood. The Government's Social Action Programme and the National Programme for Primary Health Care and Family Planning include positive and promising initiatives. Donor-supported efforts also aim to strengthen the institutions and public service systems which are responsible for programmes for children and women.

LESSONS LEARNED FROM PAST COOPERATION

5. The country programme draws on lessons learned from current and past UNICEF cooperation in Pakistan. The current three-year bridging programme (1996-1998) has broadened UNICEF support for advocacy, awareness-raising and capacity-building, while continuing modest support to direct service delivery. Developing a rights-based approach to address children's needs has focused on service quality, non-discrimination and community participation. This has revealed the Government's willingness to accommodate innovation and respond to new challenges. However, there is still a need for consensus on how best to incorporate rights, participation and governance in the work of Government and non-governmental organizations (NGOs). Towards this end, capacity-building must relate closely to counterparts' priorities and should expose planners and managers to ground-level realities.

6. The lack of reliable disaggregated data for planning and monitoring remains an obstacle to formulating strategies and setting targets for children. Initiatives in management and geographical information systems and sentinel community surveillance have assisted in involving government agencies, NGOs and communities to generate and use information. As tested in an intensive focus district approach in four locations, direct support to decentralized implementation has been effective in reaching more people. However, the process of linking multiple services at the district level requires good understanding and involvement of relevant ministries and departments.

7. Advocacy for raising awareness of national obligations and commitments towards the rights of children and women is valuable at the policy level, but sustained information and communication are needed for improved implementation. To be effective, legislation must be developed with the involvement of NGOs and experts, reviewed and debated by parliamentarians, enforced by government agencies and monitored by people with adequate knowledge and information. The involvement of donors and the private sector can lead to the mobilization of resources and increased commitment. Community involvement in programme planning, implementation and monitoring shows that most families are willing and able to become active partners in improving their own situation. The involvement of women as community workers, teachers, health and family planning workers, and sanitation promoters can significantly improve coverage and impact.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The programme of cooperation aims at addressing comprehensively the needs of Pakistan's children in which these needs are recognized as rights. Therefore, the programme strategy is based on the two Conventions and has been formulated in line with the Government's evolving 9th Five-Year Plan for 1999-2003 as well as with ongoing and planned human development activities in the country. UNICEF consultations with government, NGO, United Nations agency and bilateral donor partners at national and provincial levels resulted in consensus on priority elements of the programme strategy.

9. The principal focus of the programme is on ensuring the realization of child rights as an obligation of the Government and society as a whole. A rights perspective and approach will be promoted through advocacy, social mobilization and capacity-building of institutions, communities and individuals. Efforts will be made to bridge the gap between legislation, ratification and declarations on the one hand, and actual practice and enforcement on the other.

10. Secondly, a gender perspective will be applied in all aspects of the programme to meet the special needs of the girl child and to achieve equal access to services and address violence against women. The programme will support efforts to increase the number of women working in service delivery, to involve women as agents of change at the community level and to provide them with the information needed to make informed choices.

11. As the third main element, UNICEF will work with partners to improve governance and community participation in the exercise of political, economic and administrative authority. The decentralization of decision-making and accountability will be supported at provincial, district and community levels. Families' and communities' awareness of child rights will be strengthened to enable them to play active roles in identifying and addressing those rights.

12. The programme will focus on specific national goals for the year 2003, including reducing infant and under-five mortality rates to 50 and 70 per 1,000 live births, respectively; achieving universal access to and 70 per cent completion of primary education for children aged 5-9 years; reducing the prevalence of low birth weight to 10 per cent and of under weight in children under five years old to 20 per cent; increasing access to a source of potable water within 100 metres in poor urban and rural areas to 100 per cent of the population; and increasing rural sanitation coverage from 32 to 60 per cent of the population. In addition, efforts will contribute to achieving the South Asian Association for Regional Cooperation goals of eliminating bonded and hazardous child labour by the year 2000 and all forms of child labour by 2010. UNICEF support will aim at engaging communities in the realization of the rights of children and women and strengthening the dialogue between the Government and civil society. With this strategy and in pursuit of the above-mentioned goals, UNICEF will support the programmes described below.

13. In health and nutrition, the programme will contribute to the target of having at least one lady health worker in every village in Pakistan. In at least eight focus districts, the aim is to attain universal coverage of immunization, use of oral rehydration therapy during diarrhoea episodes and use of adequately iodized salt, and to significantly reduce mortality caused by acute respiratory infections and eliminate severe and moderate malnutrition. Activities to improve women's health, especially their reproductive health, aim to significantly reduce maternal mortality. In selected areas, the target of universal access to safe water supply and environmental sanitation will be supported for child survival and health. This will involve support to institutional, societal and behavioural change. In education, support will be given to community involvement in several focus districts, with the aim of achieving the full participation of girls and working children in primary education. Technical support will be provided to improve the overall quality of teaching to maximize completion and learning.

14. Advocacy and communication support will provide for the review, revision and enforcement of laws that promote and protect the rights of children and women. This will involve building the capacity of NGOs, government agencies, courts, police and communities to monitor violations of rights and raise awareness. A special focus will be on the protection of children from exploitation and hazardous labour, the protection of girls and women from discrimination, and ending violence against women. The planning, monitoring and evaluation component will further strengthen the analysis and use of disaggregated data for planning and monitoring of the situation and programme progress. The measurement of programme impact, in particular at the community level, will guide fine-tuning of the country programme. The focus district component will continue to test ways to support district teams to meet the needs of children and women. It will develop alliances between service providers and the community and involve people in setting priorities for and contributing to their own development. The process will be documented, shared and debated to enable learning and expansion.

15. This strategy has been developed in close cooperation with other agencies. In particular, it incorporates the common programme themes of the agencies of the United Nations Development Group (United Nations Development Programme, United Nations Population Fund (UNFPA) and UNICEF), namely gender equity and good governance. A number of health activities will continue to be coordinated with those supported by the World Health Organization and UNFPA, while elements relating to education, child labour and nutrition will maintain linkages with the work of the United Nations Educational, Scientific and Cultural Organization, the International Labour Organisation, and the Food and Agriculture Organization of the United Nations and the World Food Programme, respectively. As in the past, the programme is intended to complement and support the Social Action Programme, which is supported particularly by the Governments of Canada, Japan, the Netherlands, Norway and the United Kingdom, the European Union, the World Bank and the Asian Development Bank.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Child health	8 000	5 000	13 000
Nutrition	7 000	5 000	12 000
Women's health	7 943	5 000	12 943
Safe water and healthy environment	9 000	7 000	16 000
Education	9 500	7 000	16 500
Advocacy and communication	7 500	3 000	10 500
Planning, monitoring and evaluation	5 000	1 000	6 000
Focus district programme	3 000	2 000	5 000
Total	56 943	35 000	91 943

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

Djibouti

SUMMARY

The Executive Director presents the country note for Djibouti for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. The population and the economy of Djibouti continue to recover from the three-year civil conflict which ended in late 1994. In the three districts affected, most schools and health centres were destroyed, although 90 per cent have now been rebuilt. As a result of the conflict, migration to Djiboutiville, the capital, increased its population by 10 per cent. Recent refugees now account for at least one fifth of the population, forming the most economically disadvantaged group. The 1996 situation analysis identified four groups of children in need of special protection: disabled children, street children, juvenile delinquents and poor children. These categories include almost all refugee children.

2. The forces of globalization have led to the rapid expansion of a modern service sector, including port operations, banking and telecommunications. Seventy per cent of the population are excluded from this formal sector, subsisting on petty trading and casual labour, with a gross national product per capita estimated at $310 (World Bank, 1997). By this measure and by others related to child health and education, Djibouti ranks with the poorer countries

* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1998.

of sub-Saharan Africa. The infant mortality rate (IMR) is 112 per 1,000 live births and the under-five mortality rate (U5MR) is 157 per 1,000 live births. Between 1980 and 1995, U5MR declined by only 21 per cent. Twenty three per cent of children under five years of age are moderately or severely underweight and 22 per cent are moderately or severely stunted. The maternal mortality rate (MMR) is 570 per 100,00 live births. This results largely from harmful traditional practices, including dietary restrictions during pregnancy, first childbirth at an early age and female genital mutilation, which affects 95 per cent of women. In 1997, 5,000 people were diagnosed as HIV-positive and 1,100 had AIDS. The literacy rate in 1995 was 80 per cent for males and 33 per cent for females over the age of 15 years. The net primary school enrolment ratio in 1994 was 37 for boys and 28 for girls. The drop-out rate before sixth grade is 12 per cent and at the end of the primary cycle is 43 per cent. Places in secondary school accommodate only 31 per cent of the sixth grade enrolment.

3. At the same time, it has been possible to reach much of the population with selected, key services, especially through the use of intensive, pulsed interventions. Immunization rates exceed 80 per cent, vitamin A supplementation is available to 68 per cent of children over one year, seven of the eight maternity hospitals have become "baby-friendly", 85 per cent of women are familiar with oral rehydration therapy (ORT) and 90 per cent of the population have access to safe drinking water.

LESSONS LEARNED FROM PAST COOPERATION

4. The mid-term review (MTR) concluded that stronger linkages were needed between UNICEF-supported activities and other donor-assisted programmes. As a follow-up to the MTR, the Government, UNICEF and the French Cooperation Mission more closely coordinated their efforts to rehabilitate three zones affected by armed conflict, including the provision of equipment to schools and clinics and training of teachers and health workers. There is now increased coordination of support to the peri-urban project, "PK-12", which was initiated with UNICEF support in 1995. Canadian funds support provision of safe water, micro-credit and a fishing cooperative; the International Conference of Catholic Churches (CARITAS) provides technical support to the micro-credit initiative; the French Cooperation Mission funded road construction; and UNICEF supported the establishment of the health post, primary school and water and sanitation system and provided seed money for a revolving micro-credit fund.

5. Consistent advocacy with decision makers and civil society has resulted in increased political commitment to child rights. A Family Code has been drawn up which integrates diverse existing codes, including the Civil Code and Shari'a, tribal and customary law, and the Convention on the Rights of the Child. Information on the Convention has been incorporated in the primary school curriculum, and the Convention is being distributed in the country's four official languages. Additional, increased advocacy is now needed to translate this commitment into specific gains for children, and special efforts will be needed to encourage implementation of the Convention on the Elimination of All Forms of Discrimination against Women and to eliminate female genital mutilation.

6. The progress in selected indicators for children, including provision of safe water, immunization rates and knowledge of ORT, have not yet led to a significant rapid decrease in child and infant mortality. It appears that where high numbers of women are illiterate and unschooled and where women's low status does not permit them to make use of services, it is difficult for mothers to

make best use of services or information. For example, to reduce significantly deaths from diarrhoeal disease and acute respiratory infections, the main contributors to U5MR, mothers need to understand these illnesses better, to know when and how to intervene and to be able to seek health services.

7. Creative efforts are needed to bridge the gap between the traditional way of life of many Djiboutians and the burgeoning modern, high-technology sector. More than 40 per cent of households own a television and 56 per cent own radio. In education, this access to electronic media has led to the development of multi-media approaches using television, radio and face-to-face communication to reach parents with messages on improving the care and stimulus given to young children. Additional innovative approaches are being sought for other sectors.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The strategy meeting, held in October 1997, stressed the need to continue to strengthen partnership, coordination and complementary deployment of resources among development partners. The framework for the proposed country programme is provided by the national programme of action (NPA), the Conventions on the Rights of the Child and on the Elimination of All Forms of Discrimination against Women and the 20/20 Initiative, which the Government has adopted. The objectives are to promote the implementation of the Convention on the Rights of the Child while supporting achievement of the NPA goals, which have been extended to 2003. Key NPA goals are to reduce U5MR and IMR by one third, MMR by 50 per cent and acute malnutrition by 20 per cent. Education objectives are to reduce female illiteracy by 10 per cent and to make basic education available to all. The strategy meeting decided that the proposed country programme would have a four-part structure of survival, development, protection and planning and monitoring. This would better accommodate innovative, cross-sectoral strategies, such as the "child-friendly" villages, which might not readily fit in the classical sectors of health and education.

9. The survival programme will focus on improving maternal and child health (MCH) by strengthening service delivery structures and institutions so that accomplishments in immunization, provision of vitamin A and knowledge of ORT can be sustained, and so that coverage can be extended to the most marginalized people. Additional service delivery interventions will be added, particularly in growth promotion, nutrition education, better sanitation and hygiene and healthy living. Service delivery will continue for the provision of vaccines, equipment for health centres and essential drugs. There will be capacity-building of health and community workers, both in technical MCH skills and in community leadership. Advocacy will encourage mothers to adopt healthy caring practices for their children. A key strategy will be working through integrated projects in urban slums and in selected villages with a "child-friendly" villages project, where health services and education will be part of a package of interventions, along with support for projects that integrate literacy for women, skills training, micro-credit and income-generating activities. UNICEF cooperation will therefore build on the experience in the country with training and with pilot, community-level projects. This will complement the efforts of other development partners, including the United Nations Population Fund, the World Food Programme and the World Health Organization, as well as the World Bank, which supports health reform; the French Cooperation Mission, which provides technical support, training, hospital equipment and essential drugs; Italian Cooperation; and non-governmental organizations including the Association of Medical Doctors of Asia.

10. The development programme will focus on basic education and poverty alleviation. UNICEF will support improvements in educational quality and efficiency, including the adaptation of the curriculum to local requirements, especially by building the capacity of teachers and administrative personnel. Secondly, UNICEF will promote parents' acceptance of education, through advocacy. In urban slums and in "child-friendly" villages, UNICEF will promote girls' education and the use of social services overall, by supporting functional literacy programmes for women to increase their social, economic and political power. A service delivery component will continue, including textbooks which incorporate these approaches and school supplies. Finally, within the framework of the poverty alleviation programme financed in collaboration with the United Nations Development Programme, the World Bank and the African Development Bank (AfDB), UNICEF will support community activities including a revolving fund for a micro-credit programme for women.

11. The protection programme will continue intensive advocacy to build high-level support and general public awareness of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Family Code. Materials on the concept and issues of child rights will be incorporated more widely in schoolbooks and on television and radio, and will be part of the training of service providers, community workers and volunteers in the urban slums and "child-friendly" villages. There will be intensive efforts to eliminate the practice of female genital mutilation through advocacy with political leaders and religious authorities. This will be done in collaboration with the National Union of Djiboutian Women and health officials who have called for an end to this practice. There will also be efforts to assess the extent and nature of the problems facing children who need special protection, including street and working children and disabled children.

12. The planning and monitoring programme will build the technical capacity of the National Directorate for Statistics (Direction national de statistique) to improve the availability and analysis of data on children and women in Djibouti. In cooperation with AfDB and the World Bank, technical assistance will be provided to conduct surveys of trends in social indicators, using the 1996 Household Survey as a baseline. This will clarify trends affecting children and support adjustments in the policies intended to support them.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Survival	854	1 500	2 354
Development	850	1 150	2 000
Protection	850	750	1 600
Planning and monitoring	750	350	1 100
Total	3 304	3 750	7 054

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.